SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY WISCONSIN
Date Stand (Received) AUG 12 2013

Refund:	21:8	Amount Paid: 均名(	Date: 8.4	Permit #: 13	
	3-13	0	30.73/	0233	A STATE OF THE PARTY OF THE PAR

Bayfield Co. Zoning Dept.

Security	RECURSTED-+   X LAND USF   C. SANITAMY   DRIVEY   C. CONDITIONAL USF   C. SPECIAL USF   C	Secretarial Stall						>Cigi1)	_	ľ	
Project   Secretario   Leak)   Comment   Com	CONDITIONAL USE   SPECIAL USE   BOOL OF THE OUT THIS APPLICATION (visit our website www.b. dress:   BOOL of Special USE   Agent Mailing Address (include City/State/Zp):   X   Yol & Page   Lot(s) No.   Block(s) No.   Subdivision:   Yol & Page   Lot(s) No.   Block(s) No.   Subdivision:   You will be discounted to continue   You will be discounted to severy Sanitary System   You will be discounted   Book of Sewer/Sanitary System   Sewer/Sanitary S		× :	7	Actual Patrick Control of the Contro			evolain)	-		}
Requisition   X LAND USE   SANITARY   CONDITIONALUSE   SPECIALUSE   S. SECOLUSE   S. S. SEC	PRIVY   CONDITIONAL USE   SPECIAL USE   B.O.     Idress:   Griv/State/Zip:   53711     Schurachur   A.   Fith burg   W.     1	_   _	×		- Company		- And Addition of the Control of the	Jse: (explain)		<u> </u>	b
Each Description   X LAND USE   SANITARY   CRIMY   CRIMAN USE   SPECIALUSE   B.O.	PRILY   CONDITIONAL USE   SPECIAL USE   B.O.     Idress   Ciny/State/Zip:   SPECIAL USE   B.O.     Idress   Ciny/State/Zip:   SPECIAL USE   B.O.     Idress   Ciny/State/Zip:   ST/11     Idress   Ciny/State/Zip:   Ciny/State/Zip:     Idress   Ciny/State/Zip:   Ciny/State/Zip:   Ciny/State/Zip:     Idress   Ciny/State/Zip:   Ciny/State/Zip:   Ciny/State/Zip:     Idress   Ciny/State/Zip:   Ciny/State/				- And Apply of the					1 1	Rec'd for I
Season Special Use   Salar Annual   Season   Salar Annual   S	PRILLY   CONDITIONAL USE   SPECIAL USE   B.O. Idress:   City/State/Zip:   33-30   City/State/Zip:   33-711     Schumagum   Distance Structure is from Shoreline:   Flowage   Lot(s) No.   Block(s) No.   Subdivision:   Lot (s) No.		×					ry Building Addition/	1		
Record   Security   Security   Distance Structure is from Shoreline:   Security   Distance Structure   Distance Structure   Security   Distance Structure   Security   Distance Structure   Distance Structur	PRILLY   CONDITIONAL USE   SPECIAL USE   B.O. Idress:   City/State/Zip:   33-71	<u> </u>	× >	۔ انر	)nder		aargar (	13	$\perp$		
Recorded   Selected USE   Selected USE   Second USE   S	PRILLY   CONDITIONAL USE   SPECIAL USE   B.O. Idress:   City/State/Zip:   S.S.   S.   S.   S.   S.   S.   S.	-   -	<   ×		The second	THE PERSON NAMED IN COLUMN NAM	te)	Home (manufactured da	+	T	
REQUESTED—* X LAND USE: SANTARY C PRINTY D CONDITIONAL USE: SPECIAL US	PRILLY   CONDITIONAL USE   SPECIAL USE   B.O. Idress:   SPECIAL USE   S	.  _	×		food prep facilities)		sleeping quarters,		<u> </u>		
Securition	PRIVY   CONDITIONAL USE   SPECIAL USE   B.O.	)	×		August 1970 and a second secon		age	with Attached Gai		al Use	Commercia
Security   K   LAND USE     SENIVY   DENIVY   DENIVOUND NAL USE     SPECIAL USE	PRIVY   CONDITIONAL USE   SPECIAL USE   B.O.		×		A spoots and a spoot of the spo	White the second	***************************************	with (2 <sup>nd</sup> ) Deck		- <del>-</del>	
REQUESTED   X LAND USE   SENTITARY   PRIVY   CONDITIONAL USE   SPECIAL USE   B.O.	PRIVY   CONDITIONAL USE   SPECIAL USE   B.O.		×			17.000		with (2 <sup>nd</sup> ) Porch			
REQUESTED+	PRIVY   CONDITIONAL USE   SPECIAL USE   B.O.   British principle   B.O.   British principle   B.O.   B.O.   British principle   B.O.		×			frates		with a Porch		l Use	
REQUESTED+   X LAND USE   SANITARY   PRIVY   CONDITIONAL USE   SPECIAL USE   B.O.	HOW DO I FILL OUT THIS APPLICATION (visit our website www.b. blances:   SPECIAL USE   SPECIAL USE   B.O. blance   STATE   ST		× :				ollack, etc.)	with Loft	_		
REQUESTED- -	PRILY   CONDITIONAL USE   SPECIAL USE   B.O. Idress:   Schwanchum   Da.   Fisch Bary   Distance Structure is from Shoreline:   Seasonal   Distance Structure is from Shoreline:   Sewer/Sanitary Systematically (Exists) Specify Type:   Seasonal   Distance Structure   Dimensice Contract)   Dimensice Contract)   Dimensice Contracture   Dimensice Contra		×				ture on property)	Structure (first struc	-		
REQUESTED— X LAND USE	PRIVY   CONDITIONAL USE   SPECIAL USE   B.O.	-	imensio	, D		e	Proposed Structur		State of the state		Proposed U
REQUESTED	PRIVY   CONDITIONAL USE   SPECIAL USE   B.O.		He		G	0 -		or is relevant to it)	oeing applied f	re: (if permit ruction:	Existing Structu Proposed Const
Recorded Documents   1/4   Gov*t.tot   Lotts   Gow Landward side of Floodplain?   If yes—continue   Milling and politication	PRILY   CONDITIONAL USE   SPECIAL USE   B.O. Idress:   SChuMACMA   Titch burg   Wist our website www.b.			***************************************							A to the state of
Contractor Phone:   Cont	PRILY   CONDITIONAL USE   SPECIAL USE   B.O.   Idress:   Schwaadum   DR.   Titch barg   W.T.		itract)	Aice con	☐ Compost Toilet	X None	analtolenhan Winse	- 1	usiness on :	Run a B	
SANITARY   PRILYY   CONDITIONAL USE   SPECIAL USE   B.O.	PRIVY   CONDITIONAL USE   SPECIAL USE   B.O. Idress:   City/State/Zip:   5371    Schwardyn   M.   Tith burg   WITHS APPLICATION (visit our website www.b. Idress:   Seconded Conditional USE   B.O. Idress:   Seasonal   1   Municipal/City   Specify Type:     PRIVY   CONDITIONAL USE   Specify Type:   B.O. Idress:   Specify Type:   B.O. Idress:   Specify Type:   B.O. Idress:   Specify Type:   B.O. Idress:   Specify Type:   Converse   City/State/Zip):   Seasonal   2   Municipal/City   Converse   City/State/Zip):   Block(s) No.   Subdivision:   City/State/Zip):	1 200 gallon) -	Ited (min	□ Vau	☐ Privy (Pit) or	S I	***************************************		e (existing bldg)	Relocati	-
REQUESTED-+   X LAND USE   SANITARY   PRIVY   CONDITIONAL USE   SPECIAL USE   SPECIA	PRIVY   CONDITIONAL USE   SPECIAL USE   B.O. Iddress:   City/State/Zip:   53.71		fy Type:	s) Speci	X Sanitary (Exists			ł	ion		
REQUESTED   X LAND USE   SANITARY   PRIVY   CONDITIONAL USE   SPECIAL USE   B.O.	PRIVY   CONDITIONAL USE   SPECIAL USE   B.O. Idress:   City/State/Zip:   3371		y Type:	Specif			☐ Seasonal	1	nstruction		
REQUESTED   CANDIUSE   SANITARY   PRIVY   CONDITIONAL USE   SPECIAL USE   B.O.  Mailing Address:   City/State/Zip:   City/State/Zip:   City/State/Zip:   City/State/Zip:   City/State/Zip:   Contractor Phone:   Agent Phone:   Agent Mailing Address (include City/State/Zip):    Person Signing Application on behalf of Owner(s))   Agent Phone:   Agent Mailing Address (include City/State/Zip):    Legal Description: (Use Tax Statement)   O4- 034-3-43-06-33-3-06-654-1/200   Volume   1/064   Legal Description: (Use Tax Statement)   O4- 034-3-4-06-33-3-06-654-1/200   Volume   1/064   Lot(s) No.   Block(s) No.   Subdivision:   Lot(s) No.   Car Mi Sci   Creek or Landward side of Floodplain?   If yes—continue   Distance Structure is from Shoreline:   Is pro Creek or Landward side of Floodplain?   If yes—continue   Distance Structure is from Shoreline:   Is pro Creek or Landward within 1000 feet of Lake, Pond or Flowage   Distance Structure is from Shoreline:   Is pro Creek or Landward within 1000 feet of Lake, Pond or Flowage   Distance Structure is from Shoreline:   Is pro Creek or Landward within 1000 feet of Lake, Pond or Flowage   Distance Structure is from Shoreline:   Is pro Creek or Landward within 1000 feet of Lake, Pond or Flowage   Distance Structure is from Shoreline:   Is pro Creek or Landward within 1000 feet of Lake, Pond or Flowage   Distance Structure is from Shoreline:   Is pro Creek or Landward within 1000 feet of Lake, Pond or Flowage   Distance Structure is from Shoreline:   Is pro Creek or Landward within 1000 feet of Lake, Pond or Flowage   Distance Structure is from Shoreline:   Is pro Creek or Landward within 1000 feet of Lake, Pond or Flowage   Distance Structure is from Shoreline:   Is pro Creek or Landward within 1000 feet of Lake, Pond or Flowage   Distance Structure is from Shoreline:   Is pro Creek or Landward within 1000 feet of Lake, Pond or Flowage   Distance Structure is from Shoreline:   Is pro Creek or Landward within 1000 feet of Lake, Pond or Flowage   Distance Structure is from Shorelin	PRILY CONDITIONAL USE SPECIAL USE B.O. Idress:    City/State/Zip: 5371    Schwacha Da Tath bag Water Structure is from Shoreline: Flowage continue   Distance Structure is from Shoreline: Flowage continue   Distance Structure is from Shoreline: Flowage   Distance Structure is from Shoreline: Dist	,	ıe af y Systen ıperty?	hat Typ Sanitar the pro	AM Sewer/s Is on 1	# of bedrooms	Use	# of Stories and/or basement	<b>oject</b> u applying for)	Pri (What are yo	Value at Time of Completion * include donated time & material
REQUESTED X LAND USE SANITARY DEPRIVY DECONDITIONAL USE SPECIAL USE DECIAL US	HOW DO I FILL OUT THIS APPLICATION (visit our website www.b diress:   City/State/Zip:   S.71    Schumqing De   Distance Structure   Special USE   B.O.   Block(s) No.   Subdivision:   Subdivision:   Continue   Distance Structure   Strom Shoreline:   Is Procontinue   Distance Structure   Strom Shoreline:   Floodpl.   Feet   Floodpl.   Feet   Continue   Distance Structure   St										☐ Non-Shoreland
REQUESTED X LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.  Mailing Address:  City/State/Zip:  Contractor Phone:  798-3653  Plumber:  Agent Mailing Address (include City/State/Zip):  Recorded Document of Cover Tax Statement)  Lot(s) No.  Page  Lot(s) No.  Block(s) No.  Subdivision:  1/4  Cov't Lot  Lot(s) No.  Subdivision:  Lot Size  Sproperty/Land within 300 feet of River, Stream (Incl. Intermittent)  Distance Structure is from Shoreline:  Is Pro	HOW DO I FILL OUT THIS APPLICATION (visit our website www.b ldress: SPECIAL USE B.O. ddress: SSChWAGNA DA TALABOR WITTH SCHWAGNA DA TALABOR Documents: SIS)  Plumber:  Agent Mailling Address (include City/State/Zip):  Vol & Page Lot(s) No. Block(s) No. Subdivision:  Vol & Page Lot(s) No. Block(s) No. Subdivision:  Vol & Page Documents: Subdivision: Subdi		Floodpla		cture is from Shorelin	Distance Struc	d or Flowage	of Hoodplain? If your 1000 feet of Lake, Pon	andward side	★ X Is Prope	≸Shoreland —
REQUESTED X LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE Sp	HOW DO I FILL OUT THIS APPLICATION (visit our website www.b dress: Conditional USE Special USE B.O. Idress: STILL SCHUMCHAN DR. Fitch Barg, W.T.    Schumchan DR. Fitch Barg, W.T.   Schumchan DR. Fitch Barg, W.T.   Schumchan DR. Fitch Barg, W.T.   Schumchan DR. Fitch Barg, W.T.   Schumchan DR. Fitch Barg, W.T.   Schumchan DR. Fitch Barg, W.T.   12   Special USE Block (s) No. Subdivision: Column (Oby)   Vol & Page   Lot(s) No. Block (s) No. Subdivision: Column (Column		ls Prop	+	is from Shorelin	Distance Struc	m (incl. Intermittent)	in 300 feet of River, Stree	rty/Land with	□ Is Prope	
REQUESTED   SANITARY   PRIVY   CONDITIONAL USE   SPECIAL USE   B.O.    Mailing Address:   City/State/Zip:   53.71     SPECIAL USE   SANITARY   PRIVY   CONDITIONAL USE   SPECIAL USE   B.O.   Mailing Address:   City/State/Zip:   City/State/Zip:   City/State/Zip:   City/State/Zip:   City/State/Zip:   Contractor Phone:   Plumber:   Plumber:   Agent Phone:   Agent Mailing Address (include City/State/Zip):   Agent Phone:   Agent Mailing Address (include City/State/Zip):   Agent Phone:   Agent Mailing Address (include City/State/Zip):   Contractor Phone:   Agent Mailing Address (include City/State/Zip):   Agent Phone:   Agent Phone:   Agent Mailing Address (include City/State/Zip):   Agent Phone:   Agent Phone:   Agent Mailing Address (include City/State/Zip):   Agent Phone:   Agent Phone:   Agent Mailing Address (include City/State/Zip):   Agent Phone:   Agent Phone:   Agent Mailing Address (include City/State/Zip):   Agent Phone:   Agent Phone:   Agent Phone:   Agent Mailing Address (include City/State/Zip):   Agent Phone:   Agent Phone:   Agent Mailing Address (include City/State/Zip):   Agent Phone:   Agent Phon	HOW DO I FILL OUT THIS APPLICATION (visit our website www.b prily) CONDITIONAL USE SPECIAL USE B.O. Idress:    Schwacha   A   Thhbay   W   Thhbas     Zip:   Schwacha   A   Thhbay   W   Thhone:   Phone:   Plumber:   3653   Plumber:   3653   Plumber:   Agent Mailing Address (include City/State/Zip):   Phone:   Agent Mailing Address (include City/State/Zip):   Vol & Page   Lot(s) No.   Block(s) No.   Subdivision:   Vol & Page   Lot(s) No.   Block(s) No.   Subdivision:	Acreage /.67		t Size	Lot		Name		43	1	Section _
REQUESTED   SANITARY   PRIVY   CONDITIONAL USE   SPECIAL USE   B.O.  Mailing Address:   City/State/Zip:   5371    583   Schwagun   Da.   Fithburg   WII.  City/State/Zip:   Contractor Phone:   Plumber:    Person Signing Application on behalf of Owner(s))   Agent Phone:   Agent Mailing Address (include City/State/Zip):      Legal Description: (Use Tax Statement)   Da.   D34-3-43-06-33-20-654-1900   Volume 1064	HOW DO I FILL OUT THIS APPLICATION (visit our website www.b ldress: Chy/State/Zip: 5371)  Schwyngwyn DA Ththbrog WIT  Zip: 54831  If WI Sy831  Phone: Agent Mailing Address (include City/State/Zip):  ne: Agent Mailing Address (include City/State/Zip):  -3-43-06-33-200-654-1900 volume 1064	USA	130	bdivision	Block(s) No.	Lot(s) No.		Lot(s)	Gov	1/4	1/4,
REQUESTED   SANITARY   PRIVY   CONDITIONAL USE   SPECIAL USE   B.O.  Mailing Address:  City/State/Zip:  City/State/Zip:  City/State/Zip:  City/State/Zip:  City/State/Zip:  City/State/Zip:  Contractor Phone:  Piscobing   Agent Phone:   Agent Mailing Address (include City/State/Zip):	HOW DO I FILL OUT THIS APPLICATION (visit our website www.b prily Conditional USE Special USE B.O. Idress:    City/State/Zip: 5371    Schumchun DA Fith borg, WII   Zip:   Agent Mailing Address (include City/State/Zip):	: (i.e. Property Ow Page(s)	Ocument Ocument	corded t	654-19000	23	134-6-43-06	PIN 04-		Legal Desc	PROJECT LOCATION
REQUESTED   X LAND USE   SANITARY   PRIVY   CONDITIONAL USE   SPECIAL USE   B.O.A.  Mailing Address:   City/State/Zip:   53711    SANITARY   PRIVY   CONDITIONAL USE   SPECIAL USE   B.O.A.    Mailing Address:   City/State/Zip:   53711    SANITARY   Plumber:   Plumber:   798-3653	PRIVY Idress: SchuMA: /Zip: // Dhone: - 3653	Attached  X Yes  No	<u> </u>		aress (include City/state	gent Mailing Add			oplication on beha	(Person Signing A)	Authorized Agent:
Rand use   Sanitary   Privy   Conditional use   Special use   B.O.A	PRIVY Idress: Schwyn /Zip:	Plumber Phone:		į		umber:			Ding	1	R. Charo
X LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A.    Mailing Address: City/State/Zip: 537/1 Tele   5831Schwyngynn DR. 干たりかり、Wエ Cell	PRIVY Idress:					5482	1	ر ا	_	armisc	, ×
X LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A.	PRIVY	Telephone:		N N	43 (		g Address:	Mailin CX		١.	Richard
	- manuscript ( ) of the state o	<del>}</del>	1000			CONDITIONAL	□ PRIVY □	SANI		REQUESTED-	TYPE OF PERMIT

Owner(s): \_\_\_\_\_\_\_(If there are Multiple

r(s) of authorization must accompany this application)

Authorized Agent: 7

Address to send permit Biscobing

Builders

42420

Copy of Tax Statement V

Date

8-8-

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Date

Able, WI 5481 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

May mot he used for in structure.  Signature of Inspector: Muhae for TBA: Hold For Sanitary:	100	Inspection Record:  Metallson  Metallson	ally Created Delineated	oʻ L	Permit #: /3 - 0356  Is Parcel a Sub-Standard Lot	Issuance Information (County Use Only) Permit Denied (Date):	(9) Stake or Mark Proposed  NOTICE: All Land U  For The Construction Of Ne  Th	other previously surveyed corner or marked by a irrensed surve vior to the placement or construction of a structure more than one previously surveyed corner to the other previously surveye marked by a licensed surveyor at the owner's expense.	Setback to Septic Tank or Holding Tank  Setback to Drain Field  Setback to Privy (Portable, Composting)  Prior to the placement or construction of a structure within ten (10) feet of the		Setback from the Centerline of Platted Road Setback from the Established Right-of-Way Setback from the North Lot Line	Description	Please complete (1) – (7) above (prior to continuing)  (8) Setbacks: (measured to the closest point)	 P70(-	J V1	DA ()		Show any (*): Show any (*):	Location of: / indicate: Location of (*):
Nan Nabitatan, Mo	ected by: M Full	Pacle	Were Property Lines Represented by Owner  Was Property Surveyed  Was Property Surveyed	Previously Granted by Variance (	Permit Date: 8.20.13  Deed of Record) YNo Mitigation Required Yes XNo Mitigation Attached Yes XNo	Reason for Denial:	Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W)  NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.  For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.  The local Town, Village, City, State or Federal agencies may also require permits.  Sanitary Number:  Sanitary Number:  Sanitary Number:	other previously surveyed corner or marked by a licenseo surveyor at the owner's expense. Prior to the placement or construction of a structure more than ten [10] feet but less than thirty [30] feet from the minimum required setback, the boundary line from which the setba one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the promarked by a licensed surveyor at the owner's expense.	Feet Setback to Well  60 + Feet Feet Feet Feet Feet Feet Feet Feet	Feet Feet	70+ Feet Setback from the Lake (ordinary 70+ Feet Setback from the River, Stream, Setback from the Bank or Bluff	uremer	continuing)  ROO  Changes in plans must be approved the closest points.	Ja Nc		House		(*) Lake; (*) River; (*) Stream/Creak; ON(*) Pond  (*) Wetlands; or (*) Slopes over 20%	w Location of:  Proposed Construction  W/Indicate:  North (N) on Plot Plan  V.Location of (*):  All Existing Structures on your Property  (*) Well (ND: (*) Sentic Tank (ST): (*) Drain Field (DF): (*) Holding Tank (H
Ees: Date of Sperglet 13	Date of Re-Inspection:	Zoning District (R-3 Lakes Classification (NA	Owner Xyes Mchhor One		Affidavit Required ☐ Yes XNo Affidavit Attached ☐ Yes X No		ng Tank (HT), Privy (P), and Well (W). se has not begun, e Uniform Dwelling Code. Sanitary Date:	which the setback must be measured must be visible from 0 feet of the proposed site of the structure, or must be	## Feet		vater mark) 2704 NA NA	Measurement	be approved by the Planning & Zoning Dept.	800	20	Garox	1270 +	Lake Namakagn	C C () and/or (*) <b>Privv</b> (P)

SUBMIT: COMPLETED API

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN



Permit #: Date: Refund: Amount Paid: \$ 17.03 8-21-13 

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN IS

	☐ Shoreland —— ☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage  If yescontinue	c 🗆	section <u>20</u> , Township <u>43</u> N, Range	1/4,1/4 Gow't Lot	PROJECT Legal Description: (Use Tax Statement)	Authorized Agent: (Person Signing Application on behalf of Owner(s))	Contractor: Self	20940 C: Hwy M	Todd & Maria Hubbard	Owner's Name: Sosepht Jean Fells	TYPE OF PERMIT REQUESTED - X LAND USE	Checks are made payable to: Bayfield County Zoning Department.  DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT
_	eet of Lake, Pond or Flowage  If yescontinue —>	Is Property/Land within 300 feet of River, Stream (Incl. Intermittent) reek or Landward side of Floodplain?  If yescontinue —	N, Range (0 w Nama	Lot(s) CSM Vol & Page		Agent Phone:	Contractor PHone: Plu	Cable, WI 58821	435 N Shepar	Mailing Address:	☐ SANITARY ☐ PRIVY ☐ 0	field Co. Z
	Distance Structure is from Shoreline:	Distance Structure is from Shoreline :	Namakagon	Lot(s) No. Block(s) No.	<u>PIN:</u> (23 digits) 04-05-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	Agent Mailing Address (include City/State/Zip):	Plumber:	58821	435 N Shepard St Kelloga, MN	City/State/Zip:	☐ CONDITIONAL USE ☐ SPECIAL USE	HOW DO I PILE OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)
	¥	line : Is Property in feet Floodplain Zone?	Lot Size Ac	Subdivision:	Recorded Document: (i.e. Polume 797 P.		Piumi			1e	□ в.о.А.	it our website www.bayfieldc
		Are Wetlands	Acreage 1.0		ocument: (i.e. Property Ownership)	Written Authorization Attached ☐ Yes X No	Plumber Phone:	Cen riidile:	764-1245	Telephone: 651	OTHER	ounty.org/zoning/asp)

			-	000'h'	^ )		Value at Time of Completion * include donated time & material
 	Property	□ Run a Business on  .	☐ Relocate (existing bldg)	☐ Conversion	☐ Addition/Alteration	New Construction	Project (What are you applying for)
	□ Foundation .	□ No Basement	☐ Basement	□ 2-Story	1-Story + Loft \ \( \nabla \) Year Round	X 1-Story	# of Stories and/or basement
					🖄 Year Round	, □ Seasonal	Üse
		X None		_ 3	□ 2	_ <b>1</b>	# of bedrooms
☐ None	☐ Compost Toilet	☐ Portable (w/service contract)	☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	Sanitary (Exists) Specify Type:	☐ (New) Sanitary Specify Type:	☐ Municipal/City	What Type of Sewer/Sanitary System Is on the property?
					Xwell	□ City	Water

☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage
If yes---continue

X Non-Shoreland

Existing Structure: (if per	mit bei	Existing Structure: (If permit being applied for is relevant to it) Length: , Width:	Height:	•
Proposed Construction:		Length: 30	Height:	16
Proposed Use	٠,	Proposed Structure	Dimensions	Square Footage
		Principal Structure (first structure on property)	×	
		Residence (i.e. cabin, hunting shack, etc.)	( x )	
		with Loft	( x )	
X Residential Use		with a Porch	( x )	
		with {2 <sup>nd</sup> } Porch	( x )	
		with a Deck	( x )	
		with (2 <sup>nd</sup> ) Deck	( x )	
Commercial Use		with Attached Garage	( ×	
		<b>Bunkhouse</b> w/ ( $\square$ sanitary, or $\square$ sleeping quarters, or $\square$ cooking & food prep facilities)	( x )	
		Mobile Home (manufactured date)	( x )	
		Addition/Alteration (specify)	( x	
- Wiunicipal Use	ÌΧ	Accessory Building (specify) Qarage	(30 ×30 )	900
7		Accessory Building Addition/Alteration (specify)	( × )	,
Hec'd for Issuance	СӨ			
	ე	Special Use: (explain)	( x )	
300000000000000000000000000000000000000		Conditional Use: (explain)	( x )	
Constant Charles		Other: (explain)	×	

Scorotarial Staff

Other: (explain)

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the bast of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials pharged with administering county ordinances to have access to the above described property at any transfer time for the purpose of inspection. Luba a bord Mark Sign of letter(s) of authorization must MAN Date 2.9.8 7

(If you are signing on behalf of the owner(s) a letter		Authorized Agent:
of authorization must accompany this application)	you are signing on behalf of the owner(s) a letter of authorization must accompany this applicati	

Address to send permit

Same

20

aboue

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Owner(s): Add frue (If there are Multiple Owners listed on the

Attach

Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Date

7 8-2-75	it:   Hold For Fees:	Hold For Affidavit:	Hold For Sanitary. Hold For TDA.	
		7		Signature
pusseus in	they need to be attached.)  Mo water woods	Conditions Attached? The The HING they ne	Condition(s):Town, Committee or Board Conditions Att May nother was for his	Condition
3	was	Inspected by:	8-9-13	Date of Inspection:
Zoning District ( <b>??-J</b> Lakes Classification ( \lambda/1/d)		all setherles.	record. I when Mai	Inspection
Ø.Yes Ø.Yes	Were Property Lines Represented by Owner Was Property Surveyed	0 0	요불	Was Pro
Case #:	Previously Granted by Variance (B.O.A.)		D) -	Granted t
Affidavit Required	Mitigation Required Pres Who Mitigation Attached Pres XNo	(Peed of Record) X No (Fused/Contiguous Lot(s)) XNo	ard Lot	Is Pa Is Parcel Is Stri
	20	Reason for Denial:  Permit Date: 2.23	Permit Benied (Date):	Permit De
Sanitary Date:	# of bedrooms:	Sanitary Number:	Issuance Information (County Use Only)	Issuanc
<u>liding_Tank (HT)</u> , <u>Privy (P)</u> , and <u>Well (</u> W).  r Use has not begun. The Uniform Dwelling Code.	Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tain NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Unification of the Construction Of New One Seption 1 Two Family Dwelling: ALL Municipalities are Required To Enforce The Unification 1 Two Islands Island	on(s) of New Construction, its Expire One (1) Year from 8 Two Family Dwelling: ALL N Town, Village, City, State or Fr	(9) Stake or Mark Proposed Locati  NOTICE: All Land Use Per  For The Construction Of New One  The local	
which the setback must be measured must be visible from 0 feet of the proposed site of the structure, or must be	ne minimum required serback, the boundary line from of a corrected compass from a known corner within 50	eet but less than thirty (30) feet from the tour feet but less than thirty (30) feet from the tour feet but less than thirty (30) feet from the feet but less than the feet but less th	to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the partition of the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of each by a licensed surveyor at the owner's expense.	Prior to the place one previously su marked by a licer
d must be visible from one previously surveyed corner to the	boundary line from which the setback must be measured	himum required setback, the	nent c	
70 + Feet	Setback to Well	الحري	Setback to Septic Tank or Holding Tank Setback to Drain Field	Setback   Setback
With Feet	Setback from 20% Slope Area Elevation of Floodplain			Setback 1
	Setback from the Bank or Bluff  Setback from Wetland	NA Feet	Setback from the North Lot Line Setback from the South Lot Line	Setback Setback
vater mark)	Setback from the Lake (ordinary high-wa Setback from the River, Stream, Creek	78 Feet 50 Feet	Setback from the Centerline of Platted Road Setback from the Established Right-of-Way	Setback Setback
Measurement	Description	Measurement	Description	
be approved by the Planning & Zoning Dept.	Changes in plans must be a	ung) sest point)	(8) Setbacks: (measured to the closest point)	
		Co. Hwy M		Dlease
V.	78/	. /		
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301				
160+	\\\ \alpha_i \epsilon \\			
	Cabir	<u> </u>		<b>&gt;</b>
	ek; or (*) Pond 0%	έ; (*) River; (*) Stream/Cretiands; or (*) Slopes over 20	Show any (*): Show any (*):	
HT) and/or (*) <b>Privy</b> (P)	North (N) on Plot Plan  (*) Driveway and (*) Frontage Road (Name Frontage Road)  All Existing/Structures on your Property  (*) Well_(N); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Proy_(P)	(N) on Plot Plan  veway and (*) Frontage Roa  iting/Structures on your Pro  il/W); (*) Septic Tank (ST); I	Show / Indicate: Show Location of (*): Show: Show:	
		(1) Show Location of: Proposed Construction	Location of:	